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**** CONTINUING DATA *******
 This application is a CON of 10/035,074 12/28/2001 PAT 6,695,882
 which is a CON of 09/453,787 12/03/1999 PAT 6,409,765
 which is a DIV of 08/867,963 06/03/1997 PAT 6,033,438

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/05/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 21	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 3
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Verified and Acknowledged _____
 Examiner's Signature _____ Initials _____

ADDRESS
52196

TITLE
OPEN INTERVERTEBRAL SPACER

FILING FEE RECEIVED 8426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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